Approved for use through 7/31/2006, OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it displays a yeard OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docker Humb Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (1) FEE (\$) RATE (\$) ŅΑ (37 CFR 1.16(a), (b), or (c)) N/A NA 150.00 SEARCH FEE N/A 300.00 (37 CFR 1 16(1), (1), or (m)) · N/A NA. NA \$250 EXAMINATION FEE NIA \$500 (3) CFR 1.16(4, (p), or (q)) N/A N/A NIA \$100 TOTAL CLAMS NIA \$200 (1) CFR 1:16(1) minus 20 = X\$ 25 . INDEPENDENT CLAIMS X\$50 OR (37 CFR 1.16(h)) minus 3. e X100 X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= +360= "if the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OR OTHER THAN SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT. RATE (\$) 岩面 **AFTER** ADDI-PREVIOUSLY RATE (\$) **EXTRA** ADOL. MENDMENT TIONAL PAID FOR TIONAL Total FEE (\$) Minus FEE (1) X\$ 25 Independent (37 CFR 1.16h) X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{\omega}$ REMAINING NUMBER PRESENT RATE (\$) AFTER ADDI-MENDMENT RATE (\$) PREVIOUSLY EXTRA ADDI-AMENDMENT TIONAL PAID FOR TIONAL Total O7 CFR 1.10(II) FEE (\$) Minus. FEE (1) X\$ 25 . Independent profe Lienn X\$50 OR Minus X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360± OR TOTAL TOTAL • If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. ADD'L FEE OR ADO'L FEE